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SERIAL NUMBER 09/180,657	FILING OR 371(c) DATE 11/12/1998 RULE	CLASS 435	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. 2325-1-002
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APPLICANTS

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 JOHN J HOPWOOD, STONYFELL, AUSTRALIA;

** CONTINUING DATA *****

This application is a 371 of PCT/AU97/00304 05/16/1997

** FOREIGN APPLICATIONS *****

AUSTRALIA PN 9917 05/17/1996

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY AUSTRALIA	SHEETS DRAWING 12	TOTAL CLAIMS 51	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

EARLY DETECTION OF LYSOSOMAL STORAGE DISORDERS

FILING FEE RECEIVED 1068	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/18/97	FILING DATE 11/12/98	CLASS 435	GROUP ART UNIT 1632	ATTORNEY DOCKET NO. 2325-1-002
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APPLICANT

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CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED THIS APPLN IS A 371 OF PCT/AU97/00304 05/16/97

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FOREIGN APPLICATIONS***
VERIFIED AUSTRALIA PN 9917 05/17/96

PN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/22/99 **~~SMALL ENTITY~~ **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY AUX	SHEETS DRAWING 12	TOTAL CLAIMS 51	INDEPENDENT CLAIMS 2
Verified and Acknowledged					

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EARLY DETECTION OF LYSOSOMAL STORAGE DISORDERS

FILING FEE RECEIVED \$984	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of ti <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER:	09 / 180657	RECEIPT DATE:	11 / 12 / 98
IA NUMBER:	PCT/ AU97 / 00304	IA FILING DATE:	05 / 16 / 97
FAMILY NAME:	MEIKLE	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	PETER J	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	05 / 17 / 96
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	2325-1-002	COUNTRY:	AUX
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APPLICATION TITLES:			
	EARLY DETECTION OF LYSOSOMAL STORAGE DISORDERS		

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